MARGIN RESERVED FOR BINDING

VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04798

### CERTIFICATE OF DEATH

/				neg. 1	JISL NO
1. PLACE OF DEAT	TH.		2. USUAL RESIDENCE (	HOME) OF DECEASEI	).
COUNTY	HARLES	MARYLAND	STATE MARY	CAND	CHARLES
CITY (If outside OR give peare	corporate limits, write RUR	AL and LENGTH OF STAY (in this place)	CITY (If outside corpor	rate limits, write RURAL	and give nearest town)
TOWN TO	RAL (HUGHESL	Much AIFE	TOWN RURA	L (HUGHE	ESUILLE)
HOSPITAL OR INSTITUTION O STREET ADDR			STREET ADDRESS	(If rural, give loc	ation)
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Mor	ith) (Day) (Year)
(Type or Print)	CORA		FLUEY	OF DEATH S	22 125
FEMALE	6. COLOR OR RACE  W - U, 3.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH	9. AGE last birthday   1	If under 1 year   If under 24 hr Months   Days   Hours   Min
done during most of	PATION (Give kind of work working life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY	11. BEGTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	WSEWIFE ME	HOME	14. MOTHER'S MAIDEN	NAME , MARYL	us.
VARE	ED CHINN		Harriet	- 3	
15. WAS DECRASED I	EVER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.		ADDRESS (SON	
(1es, no, or unknown	(Ii yes, give war or dates (service)	NONE	HENRY GOLZ	SMITH : HUE	HES VILLE, MD.
		18. MEDICAL CE			
I. DISEASES OR C	CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		rterio- Scherot	in Want di		
Immedia		scompensal		eace, Curch	inc dreight
420 Antecede	ent cause(s)	Leveralnes a		,	
giving rise	conditions, if any, (b) to the above cause	several and the	acero- Tel	erous	3 years
93d stating the	underlying cause last	Nesber Tours	- Dine o		2 record
II. OTHER SIGNIE	ICANT CONDITIONS	- The courter	ac, seeces		130
Conditions contrib	nuting to the death but not ase or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No R
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	rown) (co	UNTY) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
INJURY	m.	Work At work			
22. I hereby cer	tify that I attended the	deceased from FEBRUA	ex, 1948, to May 2	2, 195/, that I	last saw the deceased
alive on MA	y 22 195/ on	d that death occurred at	-15 A.m. from the	courses and on the	lata state 1 -1
SIGNATURE	J, 10m.c, au	(Degree or title)	ADDRESS	causes and on the	DATE SIGNED
( blue	N. Lufy	fire, M.D.	Hughen	ille, Md.	5/22/51
23. BURIAL, ORBA		A Person	RY OR CREMATORY	Hughsul	or county) (State)
DATE REC'D BY			24. FENERAL DIRECTO	PR O	ADDRESS
- Thous	5-51/1/26.	houre	Hunt the	you Wala	Cay mo
1					



2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No ...

1		iteg. Dist. No.
1	1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (NOME) OF DECEASED. COUNTY Chas
	CITY (II outside corporate limits, write RURAL and LENGTH OF STAY OR give whrest town TOWN this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Haldoy ml
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS
	3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Lart) 4. DATE (Month) (Day) (Year) OF DEATH 5 20 19V/
	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  19a, USUAL OCCUPATION (Give kind of work 19b, / Kpr) of Business or	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Wonths Days Hours Min. 11. BIRTHMACE (State or foreign country) 12. CITIZENA OF WHAT
	done during most working life, even if retired) INDUSTRY ALMOST	11. BIRTHYLACE (State or foreign country)  12. CITIZEN, OF WHAT COUNTRY, J. L.  14. MOZHER'S MAIDEN NAME
	Thomas B. Bury	Laura Varker
	15. WAS DECEASED EVER IN U.S. ARMED FORES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or defen of learning) (Yes, no, or unknown) (If yes, give war or defen of learning) (Yes, no, or unknown) (If yes, give war or defen of learning) (Yes, no, or unknown) (If yes, give war or defen of learning) (Yes, no, or unknown) (Yes, or unknown) (Yes, or unknown) (	This alie Sunstone
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
1	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	Immediate cause (a)	y Classon Disert
6	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause  (b) Gluend	gel lutino delaning
	940 stating the underlying cause last (c)	
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
	TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY m.   Work   At work	HOW DID INJURY OCCUR?
	22. I hereby certify that I attended the decembed from	19, to, 19, that I last saw the deceased
	alive on, 19, and that death occurred at SIGNATURE  Obegree or title)	ADDRESS DATE SIGNED
	REMOVE (Specify) May 22-51 St Vaul	RY OR CREMATORY LOGATION (City, town, or county)
	DATE REC'D BY LOCAL REGISTRARY SIGNATURE REG. Moes 21-5	Luck Ryah Waldel
-		100105

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15 PLEASE W.

BUREAU V. S.
ANN 6 :855

# CERTIFICATE OF DEATH

1690307

52	MARYLAND STATE DE	PARTMENT OF HEALTH	
ect ?	CERTIFICAT	TE OF DEATH 048	00
correct		L EXAMINERS Reg. Dist. N	0. 100
The	1. PLACE OF DEATH- COUNTY CHARLES MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT.	
fully.	OR give nearest town)  CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
of information carefully death clearly and legibly	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)	
atio	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
nform clean	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under Months	1951 1 year   Houng   Min.
n of in	MALE COLORED-US. (Specify) MARRIED  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry  10c. Kind of Business or In	OCTOBER IS,1914 36 yrs.	2. CITIZEN OF WHAT
every item	THE THE TABLE	14. MOTHER'S MAIDEN NAME	٧,٥,
ery	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	R
Supply ev	(Yes, no, or unknown) (If yes, give war or dates of	CORRINAL DOUGLAS; HUGHE	SUILLE, MD.
INK. please	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  913.3 Immediate cause  (a) EXSANGUIN  Antecedent cause(s)  Diseases or conditions, if any, (b) HVULSION OF	ATION F ANTERIOR WALL OF	INTERVAL BETWEEN ONSET AND DEATE 60 SECONS
ADIN sicial	185 stating the underlying cause last LEFT CARDIAC	VENTRICLE CAUSED BY FIECE OF LUMBER HURLE	
UNFADING t. Physicians:	II. OTHER SIGNIFICANT CONDITIONS FROM EDGER Conditions contributing to the death but not related to the disease or condition causing death.	IN SAW MILL.	
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
WITH importan	21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	Yes No (STATE)
	PRIMARY FOR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.  OF office bldg., etc.) INJURY SAW MILL	HUGHESUILLE CHAR	IES MD.
LAINL	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY 5/25/51 /00 m. Work at work	HOW DID INJURY OCCUR? THEE OF LE HURLED FROM EDGER PENETR ANTERIOR CHEST BETWEEN 3	MEER LEET
WRITE PLAINLY is especially	22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said decfrom: natural causes , accident , suicide , homicide , homicide	Autopsy , Inspection I Inquiry thereon and eased died on the dry stated above, and death in my	from the evidence
WRI	SIGNATURE (Degree or title)	Aughewille, Md.	DATE SIGNED 5/25/51
PLEASE	BUTIAL CREMATION PATE THEREOF NAME OF CEMETE REMOVAL (SHOULY)	ERY OR CREMATORY LOCATION (City, town, or cour	. /
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PARES.	24. HUNERAL DIRECTOR Walder	ADDRESS

MARGIN RESERVED FOR BINDING

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	Tridear	Lone

2411 N. Charles Street, Baltimore

04801

### CERTIFICATE OF DEATH

Reg. Dist. No. ... / 0.

1. PLACE OF DEATH: harles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN  LENGTH OF STAY this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS
3. NAME OF (First) (Middle) (Type or Print) (DIVIDED TO THE PRINT OF T	J. DATE (Month) (Day) (Year) OF DEATH May / 1957
6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORGED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year   Hours   Min.   Worths   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work of line during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)  Private Lagrange Country?
Michael 13- FATHER'S NAME	Thyrisian 1
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of 43-73-73)	Jour Hillams - Comondey Int
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	determines
Har m	
Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause	29 0001 AMARICA AND BENDOOL OF A COLOR OF A
200 stating the underlying cause last	
(e)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
,	Yes O No O
21. ACCIDENT (Specify)   PLACE (Home, farm factory, street,	(CITY OR TOWN) (SPATE)
SUICIDE HOMICIDE OF office bldg of the SUICIDE	Tomonfley thes the
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	1
22. I hereby certify that I attended the decessed from 1	rapines Case, 19 , that I last saw the deceased
alive on 19 and that death occurred at	m, from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
( J. 6 delen M.)	Jar lito My 3-16-51
REMOVAL (Specify) 6/14/61 Univisti	Med School Ballo oly (My State)
DATE REC'D BY LOCAL REGISTICAR'S SIGNATURE	24. FUNERAL DIRECTOR COLORS CONTROL OF THE PROPERTY OF THE PRO
3-11-011 11. d. 1000000	James a Hemming on Brash &

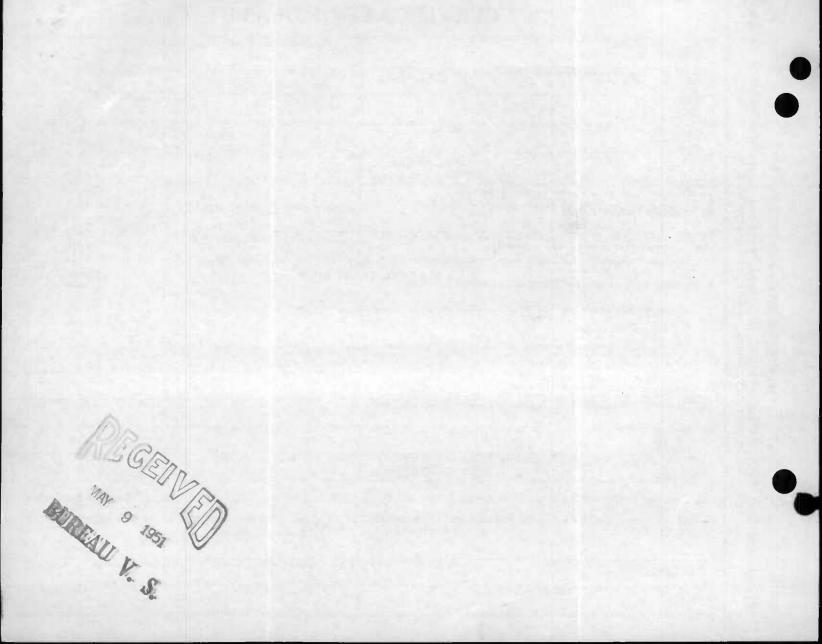
BUREAU V. S.

04802

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY	Charles	MARYLAND	2. USUAL RESIDENCE (F STATE Md.	HOME) OF DECEASED COUNT	Y Charles
OR give nearest TOWN	town) fullene	AL and   LENGTH OF STAY (in this place)	or Town 7a	ate limits, write RURAL and given with new	ve nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES			STREET ADDRESS	(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	John	Daniel "	Thankle	4. DATE (Month) OF DEATH 5	(Day) (Year) 7 1951
5. SEX	6. GOLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Offil 14, 1896	9. AGE last birthday If under Mooths.	l year   If under 24 hrs.   Days   Hours   Mio.
done during most of	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	, Co, ma	COUNTRY? USA
13. FATHER'S NAM	Jeter Hen	y fanell	14. MOTHER'S MAIDEN	Mangon	
15. Was DECEASED E	VER IN U.S. ARMED FORCES (If year, give war or dates of service)	7 16. SOCIAL SECURITY NO.	Mrs. Mamie	ADDITESS Tarrell Face	elner md
I. DISEASES OR CO	ONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immediat	e cause (a)	Cerebral h	envehay	Therefore to the same who there are no some and the same	100 AP 500 PM 500 PM 600 600 600 600 600 6000 6000 6000
331X Anteceder	nt cause(s)	41.	-		
o DO giving rise to	conditions, if any, (b) the above cause inderlying cause last	Aggertens	25		0000 00 moundorootes o sumbones and an and we
Conditions contribu	CANT CONDITIONS iting to the death but not se or condition causing deat	h.			00 93 93 93 a kin en 1102 a ná berménnes 200 acca
		FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	rown) (COUNTY)	Yes No (STATE)
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cert	ify that I attended th	e deceased from 5-/7	, 19.5%, to 5	7, 19.5, that I last s	aw the deceased
signature	35//, 19.5/, an	d that death occurred at	ADDRESS m., from the	causes and on the date st	ated above. DATE SIGNED
Rich	and Tr. D	ug. m.w.		, and.	5/7/51
23. BURIAL, CREM REMOVAL (Spec	may 9,	1951 Haly -	that !	LOCATION (City, town, or coun	1
DATE REC'D BY REG. 5-/7/s	LOCAL REGISTRAR'S	H- Vasen	24. FUNERAL DIRECTO	you Walder	ADDRESS
	()	1		0	



2411 N. Charles Street, Baltimore

04803

### CERTIFICATE OF DEATH

/	
1. PLACE OF DEATH- COUNTY (Lagles) MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Charles
CITY (If outside corporate limits, write RURAL and OR give nearest town)  OR July (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reguiron Memorial Haspital	STREET (If rural, give location) ADDRESS
3. NAME OF DECEASED (First) (Middle) G (Type or Print) Benjamin D. G	ROUES.   4. DATE (Month) (Day) (Year) OF DEATH May 20 1981
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W. James	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. 7-13-1864 9 yrs. If under 24 hrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)  10b. KIND OF BUSINESS OR 10b. KIND OF BUSINESS OR 10b. KIND OF BUSINESS OR 10c. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR 10c. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR 10c. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR 10c. USUAL OCCUPATION (Give kind of work) 10c. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR 10c. USUAL OCCUPATION (Give kind of work) 10c. USUAL OC	11. BIRTHPLACE (State or foreign country)  (Harlis Caunty) nd Country? USA
13. FATHER'S NAME Hames Henry Groves	Sainh Elizapeth Dauglas
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	Mrs. Ellie Galdsmith Waldry md
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Ceronay Thro	mbosis 2 hrs.
giving rise to the above cause	vo scleration heart disease 5 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \( \text{No} \( \text{No} \)
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE HOMICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.   INJURY At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from O dolor	
alive on 20 Ma, 1951, and that death occurred at SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
23. BURIAL CREMATION DATE NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
- 122/5-1 Julia H. Vasey	Hunes & Orym Walday ma

S'A AVANAS

\$ . W.

2411 N. Charles Street, Baltimore

04804

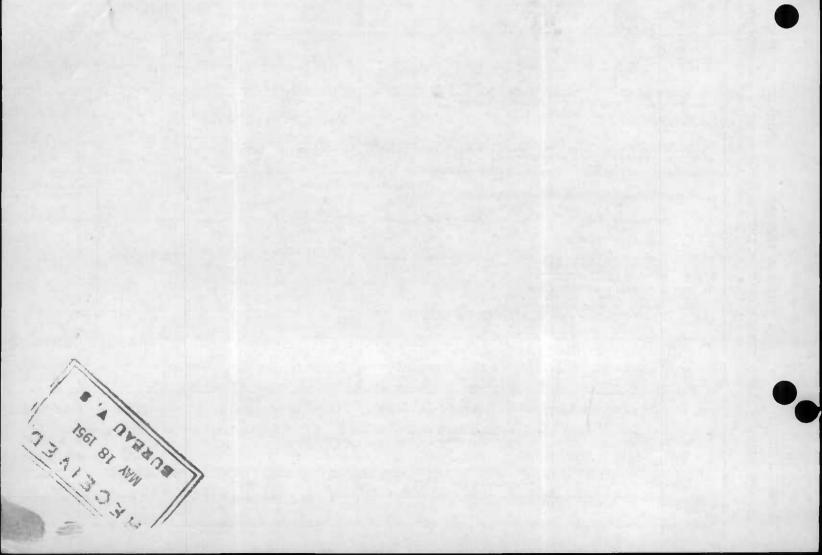
### CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY Rasles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY COL	ular
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY   OR give nearest town) ABLATA (in this place)	CITY (If outside corporate limits, write RURAL and give nearest OR TOWN	town)
HOSPITAL OR INSTITUTION OR Pluguims Memorial Hospital	STREET (If rural, give location) ADDRESS	
3. NAME OF (First) (Middle)  DECEASED (Type or Print) Name C.	(Last) 4. DATE (Month) (Day) OF DEATH May 16	(Year) 194-/
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specily)	8. DATE OF BIRTH 70 9. AGE last hirthday II where I year II Mooths. Days I yrs.	funder 24 hrs. Hours   Min.
10a. USUAL OCCUPATION (Give kied of work done during most of working life, even if retired) INDUSTRY	Charles Caunty Md COUNTRY	W OF WHAT
13. FATHER'S NAME Welliam H. Higga	Mary C. Marshall	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, oo, or unknown) (If year, give war or dates of service)	John H. Reeder, Mewhing	med
18. MEDICAL CER	RTIFICATION	AL BETWERN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET	AND DEATH
and the	20,000 /20 /20	10-
Immediate cause (a)	12	
153 Antecedent cause(s)	2.	
46 Diseases or conditions, if any, (b) generalized	Carcinoma, gall bladder 11	lav.
giving rise to the above cause statiog the underlying cause last	O The state of the	
(c)		
II. OTHER SIGNIFICANT CONDITIONS  Cooditions cootributing to the death but not related to the disease or condition causing death.		IMO DOSTA
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		JTOPSY?
	: (CITY OF TOWN) (COUNTY) (C)	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		TATE)
TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nor	, 19.49, to 16 May 19 J. I, that I last saw the	deceased
alive on 16 Mag 19.51, and that death occurred at	1. 4.54 m., from the causes and on the date stated ab	ove.
SIGNATURE (Degree or title)	ADDRESS	ESIGNED
(X) (Wooday MD	Lallata. Ma. 16 Ma	2451
REMOVAL (Specify) S://8/(-/	CRY OR CREMATORY LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. S.	24. FONERAL DIRECTOR ADD	RESS
- 1/1/51 Julia H. Vasey	Hunt & 11 gra warring mo	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04805

### CERTIFICATE OF DEATH

I. PLACE OF DEATH COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
OR give nearest town) excellent (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Washington	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 4329 Bowen Rd.	S.E. V
3. NAME OF DECEASED (First) (Middle) (Type or Print) MARTHA JANE	JOHNSON 4. DATE OF DEATH MARCH	(49) 195 year)
5. SEX  S. COLOR OR BACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  ARRIED	3-4-1891 9. AGE last birthday If under Months.	year   If under 24 hrs. Days   Hours   Min.
done during most of working life, even if retired)  HOUSEWIFE  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  AT HOME		CITIZEN OF WHAT
William Bull	14. MOTHER'S MAIDEN-NAME  ELIZZA OFFUT	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	BRANGEY JOHNSON VR. 4329 BOWER	URd. S.F. Wash.
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Country O	celusius	2 + Com
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause  Output  Diseases or conditions, if any, giving rise to the above cause  Output  Diseases or conditions, if any, giving rise to the above cause  Output  Diseases or conditions, if any, giving rise to the above cause  Output  Diseases or conditions, if any, giving rise to the above cause  Output  Diseases or conditions, if any, giving rise to the above cause  Output  Diseases or conditions, if any, giving rise to the above cause  Output  Diseases or conditions, if any, giving rise to the above cause  Output  Diseases or conditions, if any, giving rise to the above cause  Output  Diseases or conditions of the above cause  Output  Diseases of the above cause  Dis	vie	*** *** *** **************************
stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		er en en eo i waxen a ano a bod debedellabata solud
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May. 3	, 1957, to May 5, 195/, that I last sa	w the deceased
alive on 1957, and that death occurred at 2 SIGNATURE	ADDRESS from the causes and on the date sta	ted above. DATE SIGNED
Jerry AM Reckon Who	aguasio, Md. 5	/5/51
REMOVAL (Specify) 5/7/51 Uhshing to		(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5-5-5 / / / / / / / / / / / / / / / / /	v. W. Chamber Co. 517-113	ADDRESS +4 5+.5E

Concentrated States of the Sta BUREAU Y. S.

## CERTIFICATE OF DEATH

	/	FOR MEDICAL	EXAMINERS	Reg. Dist. N	0.100
1	1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (I		117
	CHARLES	MARYLAND	BIRTH //. Caral	COUNT	I
	CITY (If outside corporate limits, write RURA	L and   CENGTH OF STAY	CITY (If outside corpora	ate limits, write RURAL and g	ive nearest town)
	OR give nearest town) TOWN HUGHESUILLE	(in this place)	OR TOWN	lson	
	HOSPITAL OR		STREET	(If rural, give location)	
	INSTITUTION OR STREET ADDRESS		ADDRESS 209	Hill St.	V
	3. NAME OF (First) DECEASED /	(Middle)	(Lant)	4. DATE (Month)	(Day) (Year)
	(Type or Print) VERE	DUKE KA	RNES	OF DEATH MAY	12 1951
freeze and freeze and freeze	5. SEX   6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birthday   If under	I year  If under 24 hrs
	MALE WHITE	WIDOWED, DIVORCED, (Specify) MARKIED	AUGUST 23, 1895	J S yrs. Months	Days Hours Mln.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country) 1	2. CITIZEN OF WHAT
	IOBACCO DEALER	INDUSTRY TOBACCO MERCHANDISING	Melan	Jenn.	COUNTRY SA
	13. FATHER'S NAMES		14. MOTHER'S MAIDEN	NAME	
	_ 12. Karnes		marid.	Ouke	
	15. WAS DECRASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT AND A	DDRESS	1 11 -
	(Yes, no, or unknown) (If yes, give war or dates of service) ₩ ₩ ፲	238-22-6016	Helen Karne	n-209 Hill Si	6. Welson, n.C.
		18. MEDICAL CE			
	1. DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
	T T	To bear			ONSET AND DEATH
1	Immediate cause (a)	CUTE CORO	NARY 1 HA	ROMBOSIS	30 MINUTE
1	1001			10011-1008040000	
-	Diseases or conditions, if any, (b)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-	Gila giving rise to the above cause	***************************************			0 ==
1	stating the underlying cause last				
	II. OTHER SIGNIFICANT CONDITIONS				1
1	Conditions contributing to the death but not				
1	related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FI	NDINGS OF OPERATION			- A AMERICAN
1	132. DATE OF OPERATION 136. MAJOR FI	NDINGS OF OPERATION			20. AUTOPSY!
	21. EXTERNAL CAUSE WAS   PLAC	E (II	/Ormir on a	TOWN.	Yes No Z
	PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUNTY	(STATE)
	TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
	OF INJURY — — m.	While at Not while work at work			3
1				, ,	
1	22. I certify that I took charge of the remain	as described above, held an A	utopsy _, Inspection _	Inquiry thereon and	from the evidence
	oblained by said Autopsy, Laspectian or	Inquiry, find that said dece	ased died on the dry state	d above, and death in my	opinion resulted
	from: noturol causes , accident ,	Suicide , homicide ,	andetermined		DATE SIGNED
-	he W Gull.	. 50	11 0	00 ):0	DATE SIGNED
1	June IV. Julygue, a	. 0.	Augues u	elle, ma.	5/12/51
1	23. BURIAL CREMATION DATE THEREOF	NAME OF CEMETE	RY OR CKEMATORY   L	OCATION (City, town, or cour	ity) (State)
4	12man -114/3	1/ Maplew	rad	Wilson	n.c.
	DATE REC'D BY LOCAL REGISTRAR'S S	IGNATURE 0	24. FUNERAL DIRECTO	R	ADDRESS
	5/14/51 Helia	& Vasey	Huntt & K	um Wolden	I md.

PCEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age MARGIN RESERVED FOR BINDING

VS. A15A



MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

04807

### CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY GARLEN MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside opporate limits, swite RURAL and LENGTH OF STAY OR give nearest town)  TOWN  CITY (If outside opporate limits, swite RURAL and LENGTH OF STAY (in this place)	CITY (If outside) corporate limits, write RURAL, and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED (Type or Print)	MASON 4. DATE (Month) (Day) (Year) OF DEATH 5 27 1957
5. SEX M 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year   Hunder 24 hrs   10 - 5 - 80   70 yrs.   Months Days Hours Min.
10a COUAL OCCUPATION (Give kind of work   109. Kind of Bushties of the during most of working life, even if retired)	M. BIRTHPLACE (State or foreign country)  A 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME I Mason	14. MOCHER'S MAIDEN NAME Grigsley
Yes, no, or daknowu) (If yes, the war or dates of service)	Ora Sires Subs
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY XEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Cotonary	Occlusion 5-27-5
Immediate cause (a)	V 30000
420. Antecedent cause(s)	
Diseases or conditions, if any, (b)	**************************************
94a giving rise to the above cause stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY pn. Two was at world the work with the	HOW DID INJURY OCCUR?
	that I last saw the deceased
signaturil (Degree or title)	
Ef ( delew H)	Replata lu. 5-28.5
REMOVAL (Specify May 3/-57 Certifor	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR ADDRESS
May 28-01 MINA MORLES	rame est

BUREAU V. S.
JUNE 6 1951

JUNE 6 1951

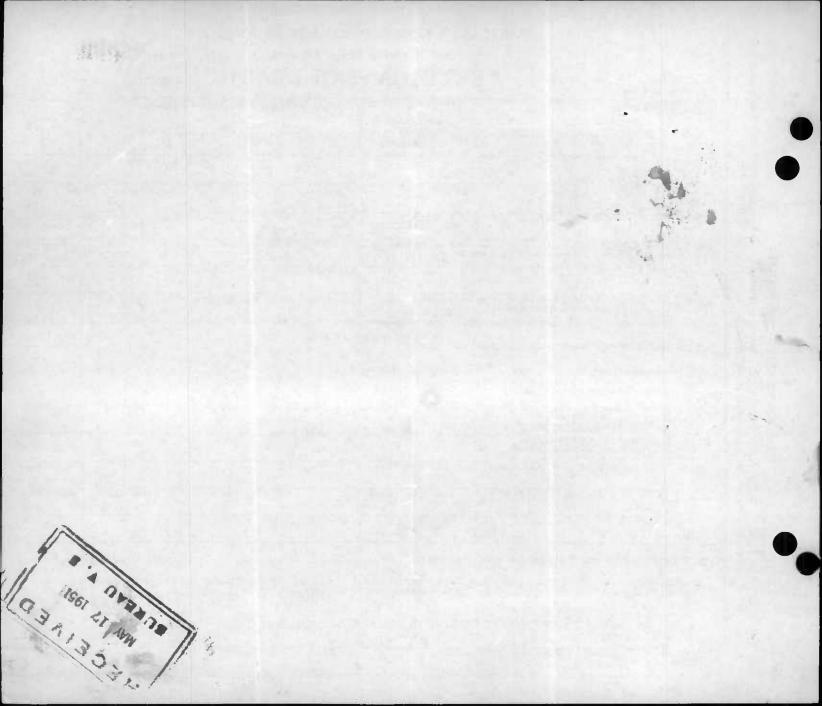
JUNE 6 1951

2411 N. Charles Street, Baltimore

04808

### **CERTIFICATE OF DEATH**

1. PLACE OF DEATH Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Charles
CITY (If outside corporate fimits, write RURAL and OR give nearest town) (In this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Stamus Heighla	re nearest town)
HOSPITAL OR INSTITUTION OR Physicans Memoral Hagil	STREET (If rural, give Gation)	
3. NAME OF (First) (Middle) DECEASED (Type or Print)	Morales   4. DATE (Month) OF DEATH May	(Day) (Year) / 4 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MANUAL	8. DATE OF BIRTH 9. AGE last birthday II sheder Menths. 43 yrs.	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of rorbing life, even if retired)  10b. Kind of Business or Industry  10b. Kind of Business or Industry	Ollefenes	COUNTRY? USA
13. FATHER'S NAME Unleasur	14. MOTHER'S MAIDEN NAME	2 1
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, no, or unknown) (If year, give war or dates of service)	17. WEORMANT AND ADDRESS Galome	u/hechts
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Lemmanhay	e, internal.	3 min
	Cardio-Nascular distan	Years
93 d stating the underlying cause last (c) Courte heart	- factors.	2 weeks.
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) IIOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.   Work   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last s	aw the deceased
alive on, 19, and that death occurred at SIGNATURE (Degree or title)	ADDRESS ADDRESS AND THE date st	ated above. DATE SIGNED
23. BURIAL, CREMATION DATE REMOVAL (Specify)  3. [6] Second Secon	RY OR CREMATORY LOCATION (City, town, or countries)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5-145.	(Xafert a. Mattingsly Was	ADDRESS
	1/1/1	000



MARYLAND STATE DEL	PARTMENT OF HEALTH	
110000000000000000000000000000000000000	Street, Baltimore 048	0.9
Externes a Case CERTIFICAT	TE OF DEATH Reg. Dist. No.	105
1. PLACE OF DEATH- COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Y
OR give nearest town) TOWN Constant Carlo Plata Md (in this place)	OR CITY (II outside corporate limits, write RURAL and give TOWN Sattunore MA	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 3326- Clarks Jane	
3. NAME OF DECEASED (First) Ohl (Middle) (Type or Print)	NCWMAN 4. DATE (Month) OF DEATH 9	(Day) (Year) 2 4 19 /
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	1 ups 7-1101   30 yrs.	Days   If under 24 hrs.   Hours   Min.
done during may log voiding life, even if retired) 10b. KIND OF BUSINESS OR NOUNTRY Starts	Baltimore 711 d	COUNTY OF WHAT
Charles Newman	Nettee It Luman	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, girling or dates of service)	17. INFORMANT AND ADDRESS Buther Seigel Buth	to my
18. MEDICAL CI	ERTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	1 D 11 / hel 1100.	ONOBI AND DMAIN
Immediate cause (a)	TRY OCCHOSION	J-24-51
4/20. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	(	-00 00 00 0) × 0 0 00 0+0 +0 0-10 resemp+ 1 0+4 0 0 1 00 00
94a stating the underlying cause last		
(e) 11. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		-112
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY M.   INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that Vattended the deceased from	5, 1924, to 1/2 , 19 , that I last so	aw the deceased
alive on	3 36	DATE SIGNED
( J. Cedelen M.)	Latlata	1-24-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE Brief S/27/51 Cotem Place	Terrole Cemely Ballimore M	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE BEG.	Sondhein Foneral Hom	DDRESS

13 ... 2 ...

RUREAU V. S.
BUREAU V. S.

2411 N. Charles Street, Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED

### CERTIFICATE OF DEATH

04810

(Day)

12. CITIZEN OF WHAT COUNTRY USA

INTERVAL BETWEEN

ONSET AND DEATH

20

(Year)

195

Reg. Dist. No ..

COUNTY

information carefully. death ly every item the causes of c Suppl INK. , WITH UNFADING important. Physicians: especially i PLAINL 国 WRIT

. harles MARYLAND avare CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corperate limits, write RURAL and give nearest town) OR give nearest town) (in this place) TOWN STREET HOSPITAL OR INSTITUTION OR (If rural, give location) ADDRESS STREET ADDRESS (Last) 3. NAME OF (First) (Middle) 4. DATE (Month) DECEASED MEK Harold Leon DEATH (Type or Print) 9. AGE last birthday | If older 1 year | If under 24 hrs. | Months. | Days | Hours | Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Manual 8. DATE OF BIRTH 6. COLOR OR RACE 5. SEX 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11/ BIRTHPLACE (State of foreign country) done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If year, give war or dates of service) 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) SUICIDE office bldg., etc.) HOMICIDE INJURY HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work | 22. I hereby certify that I attended the deceased from 20 May, 1951, to 20 Mg 1951, that I last saw the deceased CO alive on 20 May, 19.5, and that death occurred at 8:07 A.m., from the causes and on the date stated above. (Degree or title) SIGNATURE NAME OF CEMETERY OR CREMATORY DATE LOCATION (City, town, or county) 23. BURIAL, CREMATION PLEASE REMOVAL (Specify) DATE REC'D BY LOCAL

1. PLACE OF DEATH

COUNTY

FOR BINDING MARGIN RESERVED

(STATE)

No [

20. AUTOPSY? Yes 🔲

DATE SIGNED

ADDRESS

010



PLAINLY, is especially,

WRITE

#### MARYLAND STATE DEPARTMENT OF HEALTH

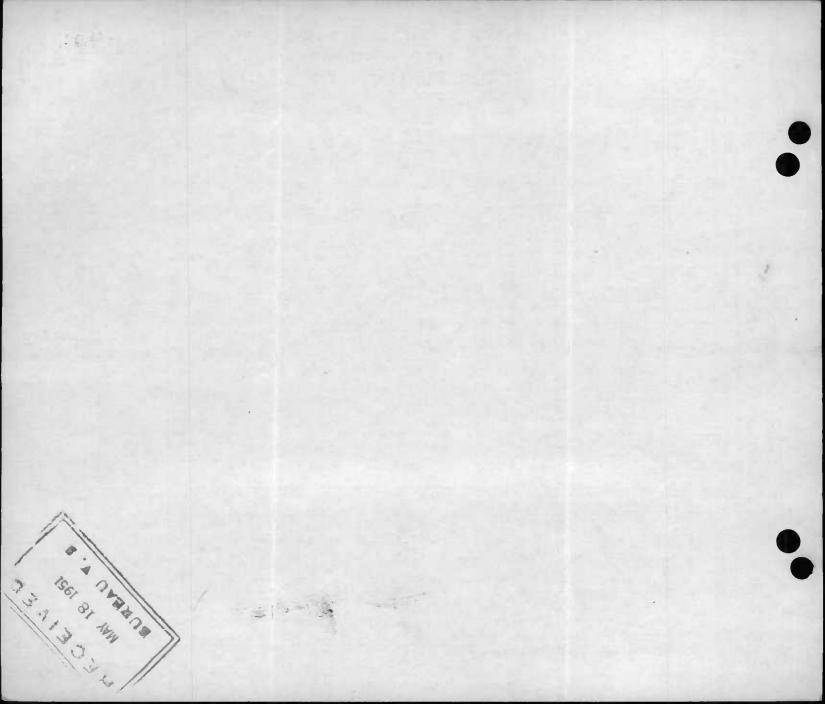
2411 N. Charles Street, Baltimore

### DTIELCATE OF DEATH

04811

CERTIFICATE OF DEATH Reg. Dist. No. 100 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH. COUNTY STATE COUNTY m MARYLAND CITY (If outside corporate limits, write RURAL and A LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR gir nearest town (in this Waldon TOWN / Lusa HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give loca ADDRESS Middle) 3. NAME OF 4. DATE (Month) (Day) (Year) DECEASED OF 5 13 (Type or Print) DEATH 1957 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVERSED, DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Days | Hours | Min. (Specify) 10a. USUAL OCCUPATION (Give kind of work done during most of y 12. CITITAN WHAT 10b. KIND F BUSINESS OR BIRTHPLACE (State or Lereign country king life, even if retired) INDUSTRY 13. EATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN D.S. ARMED FORCES? | 16. SOCIAL (Yes, no, or yrknown) (If yes, give war or dates of service) 40 18. MEDICAL CERTIFICATI INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause (b). stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗍 No [] 21. ACCIDENT SUICIDE ALACE (Home, farm, factory, street, (CITY OR TOWN) (Specify) (STATE) OF office bldg., etc.) HOMICIDE TIME (Month) (Day) (Year)/ (Hour) INJURY OCCURRED HOW DID INJURY OCCUR! While Not While INJURY At work The 10 set I fast saw the deceased (, 19) m., and that death occurred at m., from the causes and on the date stated above.

ADDRESS alive on..... SIGNATURE DATE SIGNED 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) May 15-51 lers Walds 121 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS raldor



MARGIN RESERVED FOR BINDING

VS. ATS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## 04812

### CERTIFICATE OF DEATH

Reg. Dist. No. 10-0

COUNTY Charles  CITY (if outside corporate limits, write RURAL and OR give nearest town)  OR give nearest town)  Le Plate  CITY (if outside corporate limits, write RURAL and give nearest town)  OR give nearest town)  Le Plate  CITY (if outside corporate limits, write RURAL and give nearest town)  OR give nearest town)  Le Plate  CITY (if outside corporate limits, write RURAL and give nearest town)  OR give nearest town)  Le Plate  CITY (if outside corporate limits, write RURAL and give nearest town)  OR give nearest town)  CITY (in outside corporate limits, write RURAL and give nearest town)  OR give nearest town)  CITY (in outside corporate limits, write RURAL and give nearest town)  OR give nearest town)  CITY (in outside corporate limits, write RURAL and give nearest town)  OR give nearest town)  CITY (in outside corporate limits, write RURAL and give nearest town)  OR give nearest town)  OR give nearest town)  OR give nearest town)  In outside corporate limits, write RURAL and give nearest town)  OR give nearest town)  OLITY (in outside corporate limits, write RURAL and give nearest town)  OLITY (in outside corporate limits, write RURAL and give nearest town)  OLITY (in outside corporate limits, write RURAL and give nearest town)  OLITY (in outside corporate limits, write RURAL and give nearest town)  OLITY (in outside corporate limits, write RURAL and give nearest town)  OLITY (in outside corporate limits, write RURAL and give nearest town)  OLITY (in outside corporate limits, write RURAL and give nearest town)  OLITY (in outside corporate limits, write RURAL and give nearest town)  OLITY (in outside corporate limits, write RURAL and give nearest town)  OLITY (in outside corporate limits, write RURAL and give nearest town)  OLITY (in outside corporate limits, write RURAL and give nearest town)  OLITY (in outside corporate limits, write RURAL and give nearest town)  OLITY (in outside corporate limits, write RURAL and give nearest town)  OLITY (in outside corporate limits, write RURAL and give nearest town)
CITY (if outside corporate limits, write RURAL and OR STAY OR give nearest town)  OR give nearest town)  I.a. Plata  HOSPITAL OR INSTITUTION OR STREET ADDRESS  Physicians Memorial Hospital  STREET ADDRESS  (If rural, give location)  ADDRESS  (If rural, give location)  In plata  STREET (Month)  OF O
TOWN La Plate  HOSPITAL OR INSTITUTION OR STREET ADDRESS  Physicians' Memorial Hospital  STREET ADDRESS  (If rural, give location)  STREET ADDRESS  (If rural, give location)  STREET ADDRESS  (If rural, give location)  (If year)  (If year)  STREET ADDRESS  (If rural, give location)  (If year)  (If y
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians   Memorial Hospita   STREET ADDRESS   Memorial Hospita   Memorial Hospita   Memorial Hospita   Street Month   Memorial Hospita   Street Month   Memorial Hospita   Memorial Hospita   Skinner   Memorial Hospita   Memorial
3. NAME OF (First) (Middle) (Last) (A DATE (Month) (Day) (Year) DECRASED (Type or Print) Sandra Louise Skinner DEATH May 11 19 51 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) Shinner (Day) Months, Day's M
DECEASED (Type or Print) Sandra Louise Skinner OF DEATH May 11 19 51 5. SEX 6. COLOR OR RACE Wildowed, DIVORCED, Female White (Specify) 10-28-19 11. BIRTHPLACE (State or foreign country) Wildowed, DIVORCED, Governor Months. Days Hours Min. 10-28-19 11. BIRTHPLACE (State or foreign country) Wildowed, DIVORCED, Governor Months. Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? SA 13. FATHER'S NAME Walter E. Skinner 14. MOTHER'S MAIDEN NAME The lma L. Skinner 15. Was DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of Bervice)  18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Immediate cause (a) Intracranial hemorrhage  Hydrocephalus  Since
Type or Print)  Sandra  Louise  Skinner  Death  May  1 19 51  Sex  6. Color or race  White  Specify  S
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED,
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or life bu
108. USUAL OCCUPATION (Give kind of work done during most of voriding life, even if retired)  109. Kind of Business or Industry  1109. Kind of Business or Industry  1109. Kind of Business or Industry  111. BIRTHPLACE (State or foreign country)  112. Citizen of What Country is A Platta, Industry  113. FATHER'S NAME  114. MOTHER'S MAIDEN NAME  115. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)  116. Social Security No.  117. Informant and address Walter E. Skinner, Doncaster, Md.  118. MEDICAL CERTIFICATION  119. Interval Between Onset and Death  Immediate cause  (a) Intracranial hemorrhage  1 day  1 day  1 day  1 loss A Platta or foreign country)  1 loss A Platta or foreign country  1 loss A Platta or foreig
done during most on vorking life, even if retired)  13. FATHER'S NAME  Walter E. Skinner  14. MOTHER'S MAIDEN NAME  Walter E. Skinner  15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)  16. Social Security No.  17. Informant and address Walter E. Skinner, Doncaster, Md.  18. MEDICAL CERTIFICATION  Interval Between Onset and Death  Immediate cause  (a) Intracranial hemorrhage  1 day  Since
13. FATHER'S NAME  Walter E. Skinner  15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)  16. Social Security No. (If year, give war or dates of service)  17. Informant and address Walter E. Skinner, Doncaster, Md.  18. MEDICAL CERTIFICATION  Interval Between Onset and Death  Immediate cause  (a) Intracranial hemorrhage  1 day  1 day
Walter E. Skinner  Thelma L. Skinner  15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)  16. Social Security No. Walter E. Skinner, Doncaster, Md.  18. MEDICAL CERTIFICATION  Interval Between Onset and Death  Immediate cause  (a) Intracranial hemorrhage  1 day  1 day  1 day
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)  16. Social Security No.   17. Informant and address   Walter E. Skinner, Doncaster, Md.  17. Informant and address   Walter E. Skinner, Doncaster, Md.  18. Medical Certification   Interval Between Onset and Death    Immediate cause   Intracranial hemorrhage   1 day    18. Antecedent cause(s)   Hydrocephalus   19. Intracranial since   19. Intracrania since   19. Intracrania since   19. Intracrania since   19. Intracrania since   19. Int
(Yes, no, or unknown) (If year, give war or dates of Walter E. Skinner, Doncaster, Md.  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) Intracranial hemorrhage  1 day  1 day  1 day  1 day
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) Intracranial hemorrhage  Lydrocephalus  Hydrocephalus
In diseases or conditions directly leading to death  Immediate cause  (a) Intracranial hemorrhage  1 day  752 Antecedent cause(s)  Hydrocephalus
In diseases or conditions directly leading to death  Immediate cause  (a) Intracranial hemorrhage  1 day  752 Antecedent cause(s)  Hydrocephalus
752 XAntecedent cause(s)  Hydrocephalus
752 XAntecedent cause(s)  Hydrocephalus
Hydrocephalus
Hydrocephalus
Discover of conditions if any (b) Aydrocephatus
57a giving rise to the above cause birth
(c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not
related to the disease or condition causing death.
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?
Yes No 🗹
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY : TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED   HOW DID INJURY OCCUR?
OF While at Not While
INJURY m.   Work  At work
22. I hereby certify that I attended the deceased from 10-28, 1949, to 5-10, 1951, that I last saw the deceased
- 757
alive on 5-11 -, 1951, and that death occurred at 1:00 A m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS// DATE SIGNED
Marda MD Lallata. 5-11-51
CO00000 3115
23. BURIAL CREMATION DATE   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL   RECISTRAR'S SIGNATURE) / 24. FUNERAL DIRECTOR / ADDRESS
REG. 5./18/5.1 Julea A. Vasey funt + Ryon Walder mid

